Division of Corporations Electronic Filing Cover Sheet

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(((H120001867693)))



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To:

Division of Corporations

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From:

Account Name

: MILAM HOWARD, ET.AL.

Account Number : I20000000206

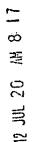
Phone

: (904)357-3660

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**Enter the email address for this business entity to be used for future annual report mailings. Enter_aply one email address please. **



REGISTERED AGENT CHANGE ASHCHI MEDICAL SERVICES, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

Amendment Section Division of Corporations TO:

Ashchi Medical Services, P.A.

P03000111252

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

G. Alan Howard, Esq.

Name of Contact Person

Milam Howard Nicandri Dees & Gillam, P.A.

Firm/Company

14 East Bay Street

Address

Jacksonville, FL 32202
City/State and Zip Code

ahoward@milamhoward.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

G. Alan Howard

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS H12000186769 3

	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florances conservations than the laws of the State of Florida
in or	der to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	of the corporation: Ashchi Medical Services, P.A.
	al office address: 3900 University Blvd. S., Jacksonville, FL 32216
3. The mailing	g address (if different):
4. Date of inco	aporation/qualification: 10/08/2003 Document number: P03000111252
5. The name at Florida Dep	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	Majdi Ashchi
	7803 Hollyridge Road
	Jacksonville, FL 32256
6. The name an (if changed):	0.***
	Milam Howard Nicandri Dees & Gillam, P.A. 14 East Bay Street P.O. Box NOT stoopbable
	P.O. Box NOT acceptable Jacksonville, FL 32202
The street addr as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such obango was until of izod by the	Shauthorized by resolution duly adopted by its board of directors or by an officer so by board, or the corporation has been notified in writing of the change.
My	Majdi Ashchi, President Frinted or typed name and title
herehy accent	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is detament is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Mut	7-20-12
Sign	nature of Registered Agent Date
signing on bel	half of an entity:
3. Alan Hov	
Tu	mad ar Drintad Norma

* * * FILING FEE: \$35.00 * * *